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Noder the Panas ork Reduction Act of 1995, no person are required to			Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number				
TRA	Effective on 12/08/2	Complete if Known					
Fees pursuant to t	enective on דב/טא/20 he Consolidated Appropri	Application Number 10/588,283-Conf. #5019			)		
FEE TRANSMITTAL For FY 2007			Filing Date August		ugust 4, 2006	3	
			First Named Inventor Ma		asashi Kawasaki		
			Examiner Name No		Not Yet Assigned		
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit N/A				
TOTAL AMOUNT OF PAYMENT (\$) 60.00			Attorney Docket No. S8810.0003/P003				
METHOD OF	PAYMENT (check a	ill that apply)					
Check	x Credit Card	Money Order No	ne Other	(please identify	):		
Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP							
For the	above-identified depos	sit account, the Director is	s hereby authoriz	ed to: (check	k all that apply)		
	narge fee(s) indicated		<u></u>	•	icated below, ex	xcept for t	he filing fee
		ee(s) or underpayments of	f x Credi	t any overpa	yments	·	
	e(s) under 37 CFR 1.1	6 and 1.17			-		
FEE CALCUI		A 1400 A 710 N 7770					
1. BASIC FILIN	G, SEARCH, AND EX		ARCH FEES	EYAMIN	ATION FEES		
		Small Entity	Small Entity		Small Entity		
Application Ty		Fee (\$) Fee (\$		Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	300	150 500	250	200	100		
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLA	AIM FEES						Small Entity
Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						50	25
Multiple dependent claims						200	100
	Dald (#)	88	lkimla Damanda	360	180		
Total Claims         Extra Claims         Fee (\$)         Fee (\$)           26         -26 =         x         =			ald (\$) <u>Multiple Dependent Claims</u> Fee (\$) Fee Paid (\$)				
	ber of total claims paid for,			ree	<u>; (4)</u>	ree raiu (	ย
Indep. Claims	Extra Claims		Paid (\$)				_
	-3= X		47/				
HP = highest num	ber of independent claims	paid for, if greater than 3.					
3. APPLICATIO							
If the specifica	tion and drawings ex	ceed 100 sheets of paper	(excluding elect	tronically file	ed sequence or	computer	_
		he application size fee do 5 U.S.C. 41(a)(1)(G) and			tity) for each a	dditional 5	0
Total Sheet			additional 50 or fra		Foo (\$)	Eoo	Daid (\$)
Total Sile of		/50 =				<u>- 100</u>	Paid (\$)
4. OTHER FEE			, (round up to a m	iolo mamboly x		Fees	Paid (\$)
	•	fee (no small entity disc	ount)				1 414 (47
Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00							
SUBMITTED BY	Ü						
Signature	The s	<b></b>	Registration No. (Attorney/Agent)	28,371	Telephone	(202) 420-2232	
Name (Print/Type)	Thomas J. D'Amic	0	1 /		Date	July 23, 2007	
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